



OCIP/WRAP-UP ENROLLMENT ARCHITECTS/ENGINEERS

Your Company Name _____

Contact Name _____

Title _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone #: _____ Cellular #: _____

Fax #: _____ Pager #: _____

E-Mail Address: _____ Federal ID #: _____

State of Utah Project Information

Project # _____ Region: _____

Project Description _____

Awarding Contractor _____

UDOT Consultant Services Contact: _____

UDOT Project Manager: _____

Type of work to be done _____

Start Date _____ End Date _____

Estimated Gross Fee for Professional Services: \$ _____

Estimated On-site Payroll: \$ _____

Prior to starting work on the Project, this application must be completed and returned to:

Tonya Gallegos, OCIP Administrator
Willis Corporation of Utah, Inc.
2890 East Cottonwood Parkway, Suite 350
Salt Lake City, UT 84121
fax # (801)942-3280